

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037790

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43Primary Registration District No. 3007Registrar's No. 1052DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 22 1962

1. PLACE OF DEATH

a. COUNTY **BUTLER**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **POPLAR BLUFF**Length of stay in 1b  
**64 DAYS**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **VA HOSPITAL**Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **DUNKLIN**c. CITY  
OR  
TOWN **MALDEN**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS **609 N. MARION**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
**LLOYD CLARK CRAIG**4. DATE  
OF  
DEATH Month Day Year  
**OCT 15 1962**5. SEX  
**MALE**6. COLOR OR RACE  
**WHITE**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**4-26-96**9. AGE (last birthday)  
**66**IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)**SLASMAN**10b. KIND OF BUSINESS OR INDUSTRY  
**LUMBER**11. BIRTHPLACE (City and state or country)  
**MALDEN, MO.**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**WILLIAM R. CRAIG**

13b. MOTHER'S MAIDEN NAME

**ADDIE OXLEY**

14. NAME OF HUSBAND OR WIFE

**ELSIE CRAIG**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**YES****WWI**

16. SOCIAL SECURITY NO.

**UNKNOWN**

17. INFORMANT

Address

**VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**MYOCARDIAL INFARCTION - RECURRENT**INTERVAL BETWEEN  
ONSET AND DEATH  
**1 HOUR**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**CORONARY THROMBOSIS**

DUE TO (c)

**ARTERIOSCLEROTIC HEART DISEASE, CHRONIC****Several  
Years**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from **Aug 12, 1962** to **Oct, 15, 1962** and last saw **alive on**  
Death occurred at **5:55AM** on the date stated above, and to the best of my knowledge, from the causes stated.Signature (Degree or title)  
**M.V. MALINOSKI, M.D. Actg Chief Surg Sev.**

22b. ADDRESS

**VA. HOSPITAL POPLAR BLUFF, MO.**22c. DATE SIGNED  
**10-15-62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)**Burial**

23b. DATE

**October 17, 1962**

23c. NAME OF CEMETERY OR CREMATORY

**Park Cemetery**

23d. LOCATION (City, town, or county)

**Malden**

(State)

**Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Landess Funeral Home- Malden, Missouri**

25. DATE RECD. BY LOCAL REG.

**10/20/1962**

26. REGISTRAR'S SIGNATURE

**Thelma Graham**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 4 1963

OCT 31 1962

NOV 9 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Richard V. Beall*

Licensed Embalmer No. \_\_\_\_\_

*5116*

P. O. Address \_\_\_\_\_

*Malden, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.